

# **BUILDING SCHOOL READINESS THROUGH HOME VISITATION**

## **Appendix D. Examples of Community-Wide Initiatives Employing Home Visitation**

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## **APPENDIX D.**

### **EXAMPLES OF COMMUNITY-WIDE INITIATIVES EMPLOYING HOME VISITATION**

A few communities have implemented significant home visiting initiatives, with goals of reaching thousands of women each year. These initiatives are much larger than most of the efforts highlighted in Appendix C, and typically begin with a very inclusive, universal home visit, offered to all or most families without regard to income. The following describes two of these programs:

- The Every Child Counts Initiative in Alameda County, which offers 1-3 home visits for all newborns and intensive home visits to at-risk families;
- The Early Childhood Initiative of Cuyahoga County in Ohio, a county with about the same number of births annually as Alameda, and which also offers universal and targeted home visits, but which also has a broad community effort that includes health insurance, child care, special needs children, and public awareness campaign components

#### **D-1. The Alameda County Children and Families Commission *Every Child Counts* Initiative ([www.ackids.org](http://www.ackids.org))**

The *Every Child Counts* (ECC) initiative seeks to provide family support services (prenatal services, home visits after birth, intensive family support, infant mental health, and school readiness) to all families with young children in the county. Home visiting services are provided in both a universal and targeted fashion:

- (1) *Universal home visiting*: Hospital Outreach Coordinators (HOCs), stationed at four of the seven local birthing hospitals, offer one to three home visits to all families with newborns, regardless of family income or psychosocial risk factors.

The HOCs greet mothers, their newborns, and families in the hospitals and explain the home visiting program. If mothers provide written consents to participate and share program information, the HOCs make electronic referrals to the designated contractors for the provision of home visiting services.

Public health nurses conduct the first home visit within 48-72 hours of the initial referral. The home visiting model is relationship-based with specific protocols and curriculum designed to cover key domains as they are relevant to the mother and the family's life-course development.

- (2) *Targeted home visits*: intensive family support services are provided for families with children who are medically fragile or who have referrals from the child welfare system, and for parents who are teenagers. *Special Start* is a joint project of

Children's Hospital Oakland and the Alameda County Public Health Department. Children's Hospital follows the medically fragile infants, and PHNs from the Special Start unit of the County follow the babies born who are determined to be at high social risk. In addition, with contracts from *Every Child Counts*, two agencies that serve teen mothers (the Perinatal Council and Tiburcio Vasquez Health Center) have expanded their Cal-LEARN and Adolescent Family Life Programs to provide more extensive family support services. Clients receiving intensive family support services can be followed up to the child's fifth birthday as necessary. The curriculum employed is "Growing Great Kids," a comprehensive curriculum that focuses on nurturing parent-child relationships and supporting healthy child development.

- (3) *Another Road to Safety* focuses on families with children who are referred to the Social Services Agency Emergency Response Unit and are determined to be ineligible for SSA intervention services. Based upon geographic location, the families are referred from SSA to an ECC-contracted, community-based program and are offered intensive family support services for a period of up to nine months. The Structured Decision Making (SDM) tool is utilized to assess safety and risk. Family Advocates provide early intervention services using a staff to family ratio of 1:13.

The Specialty Provider Team is available for consultation on issues such as child development, substance abuse, and infant mental health to both the universal and intensive family support services components.

As reported in the 2001-2002 Annual Report of Every Child Counts, First Five Alameda County, fully 98% (3107) of families offered "universal" home visits accepted them. Of those, 99% signed consents to share information. Fully 2,371 families received visits. On average, each family received two visits. Under the intensive family support component, Children's Hospital Oakland provided home visiting services to 178 babies and their families. Visits ranged from 1 to 54 per client. 312 infants were served by the Public Health Department, and visits ranged from 1 to 35 per client. A total of 800 families were served by the teen parent component, with visits ranging from 1 to 64 per client. Another Road to Safety was in start-up during that period.

Satisfaction with home visiting services has been very high. Fully 98% of clients were very or somewhat satisfied with the family support service home visits, with the highest satisfaction levels among recipients of the Special Start home visits. 44% reported that they used services that they had learned about during their home visits.

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Profile of this program adapted from: Thompson, L., Kropenske, V., Heinicke, C., Gomby, D., & Halfon, N. *Home Visiting: A Service Strategy to Deliver Proposition 10 Results*, in N. Halfon, E. Shulman, and M. Hochstein, eds., *Building Community Systems for Young Children*, UCLA Center for Healthier Children, Families and Communities, 2001. Available at <http://healthychild.ucla.edu>.

**D-2. Cuyahoga County, Ohio: The Early Childhood Initiative**

**The Cuyahoga County  
Early Childhood Initiative**

- Illustrates a county-wide early childhood initiative that includes services similar to those funded in many counties by First Five dollars
- Initial commitment to a 3-year, \$40-million, public-private initiative (\$30 million public; \$10 million private)
- All dollars pooled and controlled by public officials
- Multiple child- and adult-focused service strategies, including home visiting
- External evaluation for accountability and program improvement
- Illustrates the challenges inherent in scaling up services for an entire county
- Results over first two years:
  - 98% of children (birth to 5) now have health insurance
  - Over 13,300 home visits to first-time and teen mothers (85% eligible)
  - Over 3,800 families per quarter receive intensive home visiting
  - More than 9,000 new child care spaces created in newly-certified family child care homes
  - Technical assistance to child care providers on behalf of more than 650 children with special needs

Cuyahoga County in Ohio is home to the city of Cleveland. Over 18,000 women give birth each year. The annual per capita income was about \$29,000 in 1998. The population is largely white (71%) and African-American (27%), with pockets of poverty and high-income enclaves.

The Cuyahoga County Early Childhood Initiative (ECI) is a public-private partnership designed to assure the well-being of all children birth through age five in the county. Launched on July 1, 1999, with a three-year commitment from its funders, the ECI seeks to promote and improve effective parenting, healthy children, and quality child care so Cuyahoga County's young children can achieve their maximum potential. The initiative is based on assumptions that (1) early preventive services are best; (2) services should be universal in nature, with more intensive services available for families at higher risk; (3) an initiative should be launched at scale so as to increase sustainability; and (4) evaluation can serve important program improvement and accountability functions.

## **The ECI's Goals, Services, and Funding**

The ECI seeks to produce effective parents, healthy children, and quality child care. Specific outcomes include the following:

### *Health and Safety*

- Increases in the number of children with health insurance and a medical home
- Increases in the number of children receiving appropriate medical services
- Increases in the number of children who receive their immunizations by age five
- Reductions in child abuse and neglect
- Decreases in child deaths

### *Child Development*

- Earlier identification and referral of children with developmental delays
- Increases in the number of children enrolled in Head Start or public preschool
- Increased availability of certified child care
- Increased availability of child care for children with special needs.

### *Economic Self-Sufficiency*

- More economically self-sufficient families

These goals are addressed through a network of health, home visiting, and child care services, as well as through a public education campaign:

- *Welcome Home*: Within two weeks of a child's birth, a home visit by a registered nurse for all teen mothers and for all first-time mothers in the county
- *Early Start*: Regular home visits to families with children up to age three where parents need additional support.
- *Quality Child Care*: Recruit, train, certify, and retain home-based family child care providers to assure an adequate supply of quality child care for children birth through age five.
- *Special Needs Child Care*: Technical assistance for parents and child care providers to help them care for children who require special assistance to remain in child care.
- *Healthy Start*: Free health insurance for children of low-income families via Medicaid and SCHIP; connect children to a "medical home," where they can receive regular well-baby visits and screening for developmental delays and disabilities.
- *Early Childhood Awareness Campaign*: Countywide campaign to provide caregivers and the general public with basic information about the physical, emotional, cognitive, and social development of children via radio spots, a Family Helpline, coloring books for children, and other outreach materials.

Both public and private dollars for the ECI are pooled and controlled by county commissioners, with the advisory input of a Partnership Committee. The Committee meets quarterly and is comprised of the three county commissioners, representatives of

the state of Ohio, and one representative from each of the 23 participating foundations and corporations.

Integral to the ECI is a commitment to evaluation and to continuous quality improvement, as evidenced by county-produced quarterly reports, and an external evaluation, coordinated by researchers from Case Western Reserve University and Chapin Hall and including researchers from the University of North Carolina, Chapel Hill. Results of the first year of the evaluation focused primarily on process and revealed that the ECI had met or exceeded almost all its performance goals.

*Universal Home Visiting: Welcome Home*

The Welcome Home visit is the most popular element of the ECI. It affords all first-time or teen mothers in Cuyahoga County a home visit by a trained nurse within the first two weeks after the baby's birth. During the first two years of the ECI, over 13,000 families were visited (approximately 85% of eligible families). About one-quarter of all families visited were referred on to more intensive Early Start home visits or Early Intervention services.

Recipients of the home visits are overwhelmingly satisfied with the visits and with their Welcome Home nurse home visitor: They believe their time with their home visitor is well-spent (98%), and that their home visitor is sensitive (100%), easy to talk to (97%), and provides good ideas (100%). Because the program was available to all first-time and teen mothers, no matter their income levels, the Welcome Home program has had great reach, and many in the community, including funders and policymakers have friends or relatives who have enjoyed a visit by a Welcome Home nurse.

**Home Visiting Services in Cuyahoga County**

- ***Welcome Home:*** All first-time or teen mothers receive minimum of one visit by a nurse
- Extremely popular
- 25% of families referred to more intensive home visiting
- ***Interlink:*** centralized intake process. Interlink assigns all families referred for intensive home visiting to one of 27 county-contracted agencies for intensive home visiting services, tailored to initial needs
- ***Early Start:*** Home visits weekly, then declining in frequency, depending upon family needs
- ***Quality control*** process established: all agencies now undergoing quality audit, with performance standards established

**Intensive Home Visiting: Early Start**

Early Start home visits are delivered to families who are at higher than average risk for poor outcomes, based on demographic characteristics such as low income, teen parent, or high level of stress. In addition, all TANF recipients of the county with children up to one year of age now receive automatic referrals to Early Start. The Early Start caseload is approximately 3,800 families during any one quarter.

Families that are referred for Early Start home visits move through a centralized intake process, dubbed Interlink, and are matched with one of 27 agencies in the county that has been tapped to deliver Early Start home visiting services. The agencies have different strengths, and a unique feature of the ECI model is the notion that the

neutral Interlink function will be able to match families with home visiting provider agencies that best can meet their needs. A quality improvement effort has been instituted to make sure that participating families receive high quality services, no matter to which agency they have been assigned.

### **Other ECI Services**

The ECI also involves efforts to recruit, train, prepare for certification, and then support and help retain family child care providers; to help children with special needs secure child care; insure all birth- to 5-year-olds; and make the public aware of the importance of early childhood years. Results over the first two years include the following:

- Creation of 9,000 new spaces for children in certified family child care homes.
- About 76% of 3- and 4-year-olds in the County are now enrolled in preschool, Head Start, or other settings.
- Technical assistance was provided for 650 children with special needs to help them remain in child care.
- The number of children from birth to age 5 in the county who are uninsured fell from about 10% in 1998 to about 2% in 2001. After two years, over 6,000 more children had health insurance (via Medicaid or SCHIP) than when the ECI began.
- The public awareness campaign employed radio announcements, a newsletter for new parents, trayliners, bookmarks, and other approaches to reach hundreds of thousands of women in Cuyahoga County.

**For further information about the Cuyahoga County Early Childhood Initiative, contact:**

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